	_	$\overline{}$	ı
Please type a plus sign (+) inside this box	<b></b> →	1+1	ł

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION FOR UTILITY OR		Attorney Docket Numb	ber D5158		
		First Named Inventor	Rodney J. Klin	ger	
		COMPLETE IF KNOWN			
		Application Number			
		Filing Date			
Declaration Submitted	OR S		Group Art Unit		
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
ELECTRICAL LOAD MANAGEMENT IN CONJUNCTION WITH IDLE SHUTDOWN								
	(Ti	itle of the Invention)						
the specification of which								
is attached hereto				Landa and DOT latera afficiant				
OR  was filed on (MM/DD/YYYY)		as United St	tates Application N	lumber or PCT International				
,			<del></del>	(if applicable).				
Application Number	and was a	mended on (MM/DD/YY	YY)					
I hereby state that I have reviewed amended by any amendment spec	l and understand the co cifically referred to abov	ontents of the above ider re.	ntified specification	n, including the claims, as				
I acknowledge the duty to disclose in-part applications, material inforr PCT international filing date of the	nation which became a	vailable between the filir	s defined in 37 CF ng date of the prior	R 1.56, including for continuation- r application and the national or				
I hereby claim foreign priority ben certificate, or 365(a) of any PCT i America, listed below and have certificate, or any PCT internation	nternational application also identified below.	which designated at lead by checking the box, a	ast one country of any foreign applic	her than the United States of ation for patent or inventor's				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
rumser(e)		(1111122111111		120 110				
-								
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filing Date (MM/DD/YYYY)  Additional provisional application numbers are listed on a								
			supplem	ental priority data sheet 702B attached hereto.				

[Page 1 of 2]
Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

			111 111111 111111	and the same	(504			
I lirect all correspondence to: IA I	istomer Num Bar Code La	ber abel	<del>304</del>	10		Correspondence a	ddress below	
Name Jeffrey P. Calfa		PAT	ENT TRADEN	IARK OFF	ICE			
International Truck	and Engine	e Corpora	ation					
4201 Winfield Rd.								
Address  Warrenville  City				State	IL	60555 ZIP		
U.S.A.	Т	elephone		753-30	23	630/753 <b>Fax</b>	-3982	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVE	ENTOR:			A petit	ion has been fil	ed for this uns	igned inventor	
Given Name Roo (first and middle [if any])	lney J.			Family or Sur		Klinger	410-	
Inventor's Robinst Minger Date 2/8/2002								
Residence: City Fort W	ayne		State	IN	Country USA	Citizenship	United States	
Mailing Address 9820 Ebyw	ood Ave.							
Mailing Address				<b>,</b>				
City Fort Wayne	State	IN		ZIP	46835	Country	U.S.A.	
NAME OF SECOND INVENTOR				A peti	tion has been fi	led for this uns	signed inventor	
Given Name (first and middle [if any])	reg S.			Family or Sur		Didier		
Inventor's Signature	10	//	Dr.			Date 2	-8-2002	
Residence: City			State	МІ	Country USA	1	United States	
Mailing Address 349 Kope Kon Pt.								
Mailing Address								
<b>City</b> Coldwater	State	MI		ZIP	49036	Country	United States	
Additional inventors are being named	on the	sunnleme	ntal Additio	nal Inve	entor(s) sheet(s) P	FO/SB/02A attach	ed hereto.	

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Rodney J. Klinger
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5158

i nereby appoi	nt:								
<b>X</b> Practition	ers at C	ustomer Number	30410		<b>→</b>   🗗	umber B	MHHHIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
OR	, ,				La	abel Pere	HIU DEMARK OFFICE		
☐ Practition	er(s) nar	ned below:		<del>-</del>		NI.			
	·	Name Dennis Kelly Sullivan		1	Registration I 26,51				
		Jeffrey P. Calfa			37,10				
	<del></del>	Neil Powell		+	45,202				
1	<del> </del>	Gilberto Hernandez			46,48				
		agent(s) to prosecute the a States Patent and Trademar				to trans	act all		
		spondence address for the a	above-iden	tified app	olication to:				
Firm <i>or</i>	me	International T	Truck Intel	lectual l	Property Co	mpany	, L.L.C.		
Address	1110			). Box 1					
Address			4201	Winfie	eld Rd.				
City		Warrenville		State	IL	Zip	60555		
Country		U.S.A.							
Telephone		630/753-3023	3	Fax	63	0/753-3	3982		
	e of reco	or. rd of the entire interest. See 37 CFR 3.73(b) is enclosed			š).				
		SIGNATURE of Applicar	nt or Assign	ee of Re	cord				
Name			RodneyJ	. Klinge	<del></del>				
Signature		Rodnes 1	- Xlin s	,e <b>4</b>					
Date		2/08/	2002						
		tors or assignees of record of the		or their re	presentative(s)	are requir	ed. Submit multiple		
*Total of 2		ms are submitted.							
			•						

all the last of the second that the second t

Application Number	
Filing Date	
First Named Inventor	Rodney J. Klinger
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5158

l hereby appoi	nt:				<del>- 1111</del>			
<b>X</b> Practition	ners at Cus	stomer Number	30410	$\neg$ _	III   III	u <b>i3•04</b> 4	<b>C</b> ode	
OR					PA	3.50 <b></b> 3866	A OEEICE	
Practition	er(s) name	ed below:			LAIE	INALIENIAI	AR OFFICE	
		Name			Registration N	Number		
		Dennis Kelly Sull	ivan		26,51			
		Jeffrey P. Calf	<u>a</u>		37,10	)5		
		Neil Powell			45,202			
		Gilberto Hernand	dez		46,48	3		
		gent(s) to prosecut ates Patent and Tra				to transac	t all	
		oondence address f Customer Number		ntified a	oplication to:			
Firm or Individual Na	Firm or International Truck Intellectual Property Company, L.L.C.							
Address				O. Box				
Address			420	1 Winf	ield Rd.			
City		Warrenville		State	IL	Zip	60555	
Country		U.S.A.						
Telephone		630/753	-3023	Fax	630	0/753-39	82	
Assignee		of the entire intere 7 CFR 3.73(b) is er			<del>)</del> 6).			
SIGNATURE of Applicant or Assignee of Record								
Name Grego. Didier								
Signature			est	L	L ·			
Date		2-	8-2002					
NOTE: Signatures of all forms if more than one s			d of the entire interes	st or their r	epresentative(s) a	are required.	Submit multiple	
★ *Total of 2	forms	are submitted.						